

Texas Medicaid Claims Editing Enhancements Effective March 6, 2023

December 6, 2022

What's happening

Effective March 6, 2023, Blue Cross and Blue Shield of Texas (BCBSTX) will enhance our claims editing and review process to help ensure accurate coding and reimbursement of services. Below is a list of policies that will be affected once the new edits go into effect.

Medicaid – Durable Medical Equipment (DME) and Supplies Policy	
Topic	Description
DME Purchases	Deny DME codes with Category Indicator "IN" that are approved as purchase only items when billed with modifier(s) KR, RR, or UE. Exclude codes: E0731, E0780 as these are purchase only.
End-Stage Renal Disease (ESRD) Services and DME Suppliers	Deny method II ESRD supply or equipment codes that are never separately payable to DME providers when billed by a DME supplier. Exclude codes: A4927, A4657, A4930
Lower Limb Prostheses	Deny method II ESRD supply or equipment codes that are never separately payable to DME providers when billed by a DME supplier.
Respiratory Assist Devices (RAD), Airway Pressure Devices and Oral Appliances/Devices	Deny E0470, E0471 Bi-level Positive Airway Pressure (PAP) devices or E0601 Continuous Positive Airway Pressure (CPAP) device when billed by any provider and E0465-E0467 (Home ventilators) have been billed on the same day or within a month.

Questions

For questions or additional information, please:

- Contact our BCBSTX Medicaid Provider Service Center at **1-877-560-8055**
- Contact your BCBSTX Medicaid Provider Network Representative at **1-855-212-1615** or
- Submit via email to TexasMedicaidNetworkDepartment@bcbstx.com.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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